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	e and soud	PART B - FEE(S) TRA n applicable fee(s), to: <u>Mail</u>			NSMITTAL  Mail Stop ISSUI  Commissioner for P.O. Box 1450  Alexandria, Virg	or Patent			/		
37	<i>&amp;/</i>					<u>Fax</u>	(703) 746-4000				
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CFR 1.363).  Chan Address  "Fee PTO/SB/	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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AM	(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  AMYLIN PHARMACEUTICALS, INC.  9360 Towne Centre Drive  San Diego, California 92121  Please check the appropriate assignee category or categories (will not be printed on the patent):										
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